

INDIANA DIABETES ADVISORY COUNCIL BYLAWS

Article I. Name

The name of this body shall be the Indiana Diabetes Advisory Council, hereafter known as the Diabetes Advisory Council.

Article II. Authority

The Diabetes Advisory Council was created to address the 'Leadership and Management' key component for Diabetes Prevention and Control Programs as specified in the ancillary documents to the Centers for Disease Control and Prevention grant, Systems-Based Diabetes Prevention and Control Programs (Program Announcement number 03017, grant number: U32/CCU522713-04). One of the model standards for the leadership and management key component is to organize and maintain a diabetes advisory group with subgroups as necessary.

Article III. Purpose

The purpose of the Diabetes Advisory Council is to provide the Indiana Diabetes Prevention and Control Program with strategy development, program direction, and support in the implementation and evaluation of specific interventions.

Article IV. Vision Statement

A state where the public is fully aware of the impact of diabetes, all patients with diabetes are receiving high quality care wherever they are in the state regardless of race, ethnicity, and socioeconomic status, and patients with diabetes enjoy the best quality of life possible.

Article V. Mission Statement

- *To increase public awareness of the impact of Diabetes;
- *To improve the quality of life for those who are affected by Diabetes;
- *To improve the quality of care for patients with Diabetes;
- *To reduce the burdens imposed by Diabetes.

- The mission will be accomplished through the collaborative efforts of the Indiana State Department of Health, diabetes service organizations, private and public health organizations, health plans, individuals with diabetes, business community, community-based organizations, universities and research

entities, community members, and other governmental agencies working toward a common goal.

Article VI. Membership

Section 1 - Body of Council: An individual and/or organization representing a diversity of evidence-based opinion on diabetes care, management, and prevention. Membership is voluntary. The Council encourages diverse representation including disciplines, organizations, race, ethnicity, gender, and religious preference. No person or organization shall be denied membership because of race, sex, religious preference, ethnic considerations, or any other grounds on which it is inappropriate to discriminate. All members may serve as committee members.

Each member shall be required to register his or her membership and sign a conflict of interest form. Registration forms shall be kept with the Council Advisor.

Section 2 – Voting members: Each registered individual or organization shall have one vote.

Section 3 – Term of Membership: Membership will be renewed on an annual basis for regular voting members.

Article VII. Steering Committee of the Diabetes Advisory Council

Section 1 – Role of the Steering Committee: The Steering Committee acts on behalf of the Diabetes Advisory Council and makes operational decisions as appropriate to guide the Council to accomplish its mission. The Steering Committee sets priorities, determines areas of emphasis for Diabetes Advisory committees, and monitors progress to ensure timely action on priority issues. The Steering Committee meets monthly at the State Department of Health.

As mentioned in the Purpose Statement, the Steering Committee will also provide the Indiana Diabetes Prevention and Control Program with strategy development, program direction, and support in the implementation and evaluation of specific interventions.

Section 2 – Composition: There will be officers of the Diabetes Advisory Council, each of whom shall be a member of the Steering Committee: a Chair, Chair Elect, Immediate Past Chair, committee

chairs, and Diabetes Advisory Council Advisor. Each officer, with the exception of the Council Advisor shall be elected by the membership. The Council Advisor shall be an ex-officio member of the Council and a non-voting member of the Steering Committee.

Section 3 – Term of Office: The two year term of office for the Chair and Chair Elect shall overlap the two year terms of the committee chairs.

Section 4 –Tenure and Eligibility of Office: The Chair and Chair-Elect may serve one term only, with at least an intervening one year period since their last term in the same office, except in the case of a vacancy in the office of the Chair, the Chair-elect shall succeed to that office to complete the unexpired term and shall serve the succeeding full year as Chair, as outlined in Article VII, Section 2.

The committee chairs shall not serve more than two consecutive terms.

Officers of the Diabetes Advisory Council will be regular members in good standing with the Council. To be eligible for the office of Chair-Elect or Chair, the member must have served a minimum of one term on the Council committee (preferably as Chair). The role of secretary will be filled by ISDH staff.

Section 5 – Chair responsibilities:

- Provide leadership and direction for the Diabetes Council; set priorities;
- Advance the purposes and positions of the Diabetes Advisory Council through every appropriate means possible;
- Coordinate and integrate activities with other councils, committees, and interest groups, as needed;
- Call and preside over meetings of the Diabetes Council Steering Committee and meetings of the Diabetes Council membership;
- May serve on one Diabetes Advisory Council Committee;
- Provide periodic reports of activities to the Diabetes Council members.

Section 6 – Chair Elect responsibilities

- Serve in absence of the Chair;
- Succeed to the Office of Chair after serving a one year term as Chair Elect, or immediately, in the event of the Chair's resignation;
- Perform other duties as requested by the Chair;

- May serve on one Diabetes Council Committee.

Section 7 – Immediate Past Chair responsibilities

- Act as chairperson on the Diabetes Council Steering Committee when the Chair and Chair Elect are not present;
- Solicit candidates for office of Chair-Elect from membership and prepare a slate of candidates for each office to be filled.
- Perform other duties as requested by the Chair.

Section 8 - Council Advisor responsibilities:

Inform and provide the Council with information on programs and activities carried out pursuant to the state plan to reduce the burden of diabetes in Indiana.

- Serve as the primary liaison between the Council and the Indiana Diabetes Prevention and Control Program (grantee) for Centers for Disease Control and Prevention grant no: U32/CCU522713-04. Serve as the primary point of contact with other governmental entities in the implementation of diabetes-related programs and policies.
- Provide technical support and assistance, e.g., set up committee and advisory council meetings.

Section 9 – Committee Chairperson responsibilities:

Develop meeting agendas based on input from the Steering Committee and the work groups addressing council and work group goals.

- Assign tasks to group members to ensure that objectives are met in a timely fashion.
- Submit meeting minutes to include objective status with time frame, and target date of completion after each meeting to Council Advisor and Council Chairperson.
- Manage work group functioning.
- Represent the work group as a member of the steering committee.

Article VIII – Council Member responsibilities:

Participate in activities according to Council by-laws.

- Attend all Council meetings,
- Vote on Diabetes Advisory Council issues,
- Participate in the process of determining statewide diabetes prevention and control strategies,

- Commit the member organization to activities that support the Diabetes Advisory Council mission,
- Report the member organization's progress and accomplishments regarding Diabetes Advisory Council priorities to the Steering Committee at least annually,
- Participate in election of the Diabetes Council Officers, and
- Serve on and participate in at least one of the Diabetes Advisory Council standing committees
- Participate in elections for the Chair-Elect and Committee Chairs

Article IX. Elections

Section 1 – Election of Chair-Elect: The Immediate Past Chair will solicit candidates for office from the membership and prepare a slate of candidates for each office to be filled. The slate of candidates will be sent to the voting members via U.S. or electronic mail. A candidate receiving a plurality of the vote for any office will be declared elected. The results of the election will be announced via electronic mail and at the following quarterly meeting and new officers installed at the end of the meeting.

Section 2 - Vacancies: In the event of a vacancy in the office of the Chair, the Chair-Elect shall succeed to that office to complete the unexpired term and shall serve the succeeding full year as Chair. In the event of a vacancy occurring in the office of Chair-Elect or other members of the Steering Committee, the Steering Committee shall have authority to fill the vacancy for the remainder of the term by appointment or special election.

Section 3 – Committee Chair elections: The Immediate Past Chair will solicit candidates for office from the committee members and prepare a slate of candidates for the office of Committee Chair. The slate of candidates will be sent to the voting members of the committee via U.S. or electronic mail. A candidate receiving a plurality of the vote for office will be declared elected.

Article X. Diabetes Council Committees

Section 1 – Establishment: The Diabetes Advisory Council Steering Committee shall have the authority to establish standing or ad hoc committees as needed. Establishment shall be by majority vote of the sitting Steering Committee members. Ad hoc committees will remain active until goals are completed, or the Diabetes Advisory Council votes otherwise.

Section 2 – Members: Each committee shall consist of at least three persons, a majority of whom are 'regular voting members' of the Diabetes Council. The Chairperson shall be appointed by the Diabetes Council Chair with the advice of the Steering Committee. The Chair of every standing committee shall be a member of the Diabetes Council Steering Committee.

Section 3 – Terms of membership: Committee members shall serve indefinitely at the discretion of the Steering Committee Officers.

Section 4 – Standing committees: The standing committees of the Diabetes Council shall include: Health Services, Data and Surveillance, Diabetes Issues in Minorities, Partnership and, Education.

Section 5 – Standing committee responsibilities: Each committee shall develop an annual work plan and report activities to the Steering Committee. An annual report of activities and accomplishments will be provided to the membership.

Article XI. Governance of Meetings

All general meetings of the Diabetes Advisory Council shall be open to the public. All business that may come before the Diabetes Advisory Council shall be addressed with an open, consensus building decision process. Robert's Rules of Order shall guide the Diabetes Advisory Council.

Section 1 - Schedule of Meetings: The Diabetes Advisory Council shall meet quarterly as a statewide body to conduct regular business, however, this does not preclude more frequent or work group meetings. Should there be no business to be addressed by the Diabetes Advisory Council, the Chairperson may postpone or cancel a scheduled meeting with the advanced written approval of the Diabetes Advisory Council Advisor.

Section 2 – Meeting Venues: Meetings of the Diabetes Advisory Council will be conducted at a convenient location or may be conducted by audio/video teleconference. The Diabetes Advisory Council Advisor shall arrange the meeting venue.

Section 3 – Attendance: Will be recorded at each meeting and submitted to the Diabetes Advisory Council Advisor.

Section 4 – Agenda: Meeting agenda shall be determined by the Diabetes Advisory Council Chairperson and subject to approval of the Steering Committee.

Section 5 – Meeting Access: General council meetings shall be open to the public. Members and interested parties are required to submit seven days in advance of the meeting to the chairperson, a written outline or summary of issues they recommend for inclusion on the meeting agenda.

Section 6 – Quorum: The minimum number of members required to be present to carry out the business of the Diabetes Advisory Council shall be twenty-five percent of the voting members.

Section 7 - Emergency Meetings: Meetings to address urgent business may be called at the discretion of the Chairperson or Diabetes Advisory Council Advisor. Urgent business may be addressed through: a) audio or audio/video teleconference with available Diabetes Advisory Council members; or b) through polling of at least 2/3 of the membership by the Chairperson or the Chairperson's designee. All such urgent business and the process by which decisions are reached must be fully and completely documented and submitted for review at the next regularly scheduled steering committee meeting.

Section 8 – Meeting Notices: Notification of meetings and other information pertaining to the Diabetes Advisory Council shall be disseminated to the Diabetes Advisory Council members by the Council Advisor.

Section 9 – Proxy voting: Each regular voting member may designate a proxy.

Article XII. Books and Records

The Council Advisor shall maintain records of all proceedings of the Diabetes Advisory Council, task forces and work groups. The Diabetes Advisory Council Advisor will maintain all documentation as may be required by the grantee for the proper conduct of its business and affairs.

Article XIII. Amendments

These articles may be amended at any regular or special meeting of the Diabetes Advisory Council or electronically via fax or email. Written notice of proposed changes shall be disseminated to each

member at least seven (7) days prior to the date of the meeting. Article changes require a majority vote of the Diabetes Advisory Council members.

Article XIV. Ratification

These Articles go into effect upon a consensus of the Diabetes Advisory Council.

Article XV. Review of Bylaws

These bylaws should be reviewed on an annual basis by the Diabetes Advisory Council Steering Committee.

Last updated on Friday, May 11, 2007